Wyoming Office of Rural Health

Annual Report

January 1 to December 31

2008

Table of Contents

Introduction

The Wyoming Office of Rural Health (ORH), one of five programs in the Rural and Frontier Health Division, Wyoming Department of Health, oversees four federal grant programs and, during the time of this report, five state funded programs. The ORH is staffed by one full time employee, one part time employee, and one employee under contract. Wyoming is the 9th largest state in land mass, yet the smallest in population. Of its 23 counties, 17 are considered "frontier", four counties are considered "rural", and two are "urban". Frontier counties are currently defined as having less than six persons per square mile and urban is defined as a county that has at least one city with at least 50,000 citizens. There is no universally accepted definition of "rural". Even at the federal level, the definition depends on what federal entity is running the program and whom the federal program is seeking to include or exclude. As a result of Wyoming's vast expanses of land and sparse population centers, healthcare access issues in Wyoming must be closely and seriously addressed. The Wyoming Department of Health created the Rural and Frontier Health Division in April 2008 to respond to existing healthcare issues and build a frontier and rural healthcare system for Wyoming's future.

Mission

The Wyoming Office of Rural Health seeks to enhance access to healthcare service, support the development of an adequate healthcare workforce, and promote collaboration in expanding comprehensive, community-based healthcare in rural Wyoming.

State Funded Programs

The Wyoming Office of Rural Health (ORH) managed five state-funded programs during 2008. All of these, in some capacity, were aimed at improving access to care and assuring an adequate healthcare provider workforce.

Wyoming Healthcare Professional Loan Repayment Program

The Wyoming Healthcare Professional Loan Repayment Program (WHPLRP) was enacted in 2005 to provide loan repayment grants to physicians, dentists, and allied healthcare professionals in exchange for their agreement to practice in the state for a minimum of three years at an approved site. The program will reimburse physicians and dentists up to $90,000 and allied healthcare professionals up to $30,000 over a three year period.

To date, 199 healthcare professionals have been awarded funds by this program and 191 are still in the program or have completed their three year contract. Of the nine healthcare

professionals awarded in the first application period, seven completed their contract successfully, one defaulted, and one is still working on fulfilling the contract.

The program was amended in 2008 to remove the community site match requirement for physicians and dentists and the program converted to an online application system. There were 261 applications, the most yet for a single application period. The online application system helped reduce the time from the closeout of applications to the time of award to less than one month. Over 50 applications were in areas and professions of greatest need in Wyoming; however, funding limited the number of awards to 34.

The Wyoming Healthcare Professional Loan Repayment Program converted to an online application system in 2008. This replaced a 15 page handwritten application that had three essays. The on-line application fed a database that ranked applicants as the applications were submitted. This reduced the award timeline from approximately five months to less than one month.

In 2008, the Wyoming Office of Rural Health awarded a total of $2,000,000 to healthcare professionals across the state. Nine physicians, two dentists, and 23 allied healthcare professionals were awarded for a total of 34 awards.

Physician Recruitment Grant Program

The 2008 Legislature established the Wyoming Physician Recruitment Grant Program to enhance the ability of medically underserved Wyoming communities to recruit physicians and improve access to care for Wyoming's citizens. Hospitals, clinics, physicians, and other appropriate Wyoming agencies could apply for up to $80,000 in state funds to assist in physician recruitment. The physicians must be recruited from outside the State of Wyoming. The Wyoming Healthcare Professional Loan Repayment Program may also be offered in conjunction with a recruitment package offered through the Physician Recruitment Grant Program.

The ORH has contracted with the Wyoming Health Resources Network Inc. (WHRN) to accept applications and serve as the point of contact for the program. Total program funding was $400,000. In 2008, the Wyoming Office of Rural Health was able to award funds to five entities ($80,000 each) to assist in recruiting physicians to medically underserved areas within the state.

Physician Recruitment Grant Recipients
Noyes Health Care Center – Baggs
Crook County Medical Service – Sundance
Niobrara Health and Life Center – Lusk
Washakie Medical Center – Worland
Cedar Hills Family Clinic – Newcastle

The ORH identified the geographic areas of the state with the greatest need, the medical specialties in highest demand, and information from applications to make the awards. Selected groups must use the money to recruit a physician to their community. The money may be used for recruiting costs, a signing bonus, moving

expenses, and malpractice insurance. Interest in the program was very high across the state as 45 applications were received from 27 interested groups in 19 communities and 18 counties with requests for funding totaling $2.9 million. Selections were difficult due to the definite need identified in each application; many deserving entities could not be funded. The doctors recruited by these five entities will also be awarded the Wyoming Healthcare Professional Loan Repayment Program funds if they are eligible.

Community Healthcare Needs Assessment Grant Program

The Community Healthcare Needs Assessment Grant Program's intent was to provide communities with a snapshot of their healthcare delivery system. Each community that applied for the Community Healthcare Needs Assessment funds could choose the areas that best fit its needs from a menu of assessment services and products, and was required to submit a proposal to the ORH that described: (1) the need for the assessment, (2) how the findings of the assessment would influence local policies and programs, (3) the level of community support, and (4) the willingness of key agencies and individuals to participate in

the process. The ORH identified the Rural Health Resource Center, Tri-Ethnic Center at Colorado State University, and the Community Health Improvement Partnership from Oregon Health & Science University as agencies that had successfully assisted healthcare providers and their local communities to strengthen their healthcare systems through a community-based planning and development process based on various types of assessments. Grantees could, however, select the consulting agency of their choice.

The Wyoming Office of Rural Health awarded Community Healthcare Needs Assessment Grants to nine communities in 2008.

Community Healthcare Needs Assessment Grant Recipients

Albany County Resource Center
Campbell County Hospital District
Cheyenne Regional Medical Center – Cheyenne
Memorial Hospital of Converse County – Douglas
Niobrara Health & Life Center
North Big Horn Hospital District
Star Valley Medical Center – Afton
Wyoming Medical Center – Casper
Uinta Community Education Center - Evanston

Magnet Designation Grant and Small Hospital Improvement Grant

In 2006, the Legislature approved funding to establish the Magnet Designation Grant Program and the Small Hospital Improvement Grant Program. The funding is to assist up to three Wyoming hospitals seeking Magnet Recognition Program designation by providing up to $250,000 each to meet the criteria developed by the American Nurses Credentialing Center. Additionally, $200,000 was earmarked to assist small hospitals with less than 100 beds to promote quality nursing practices, quality nursing working environments, increased retention of nursing staff, and demonstrated improved outcomes for patients. Each hospital could receive a maximum of $50,000.

The Wyoming Office of Rural Health received two applications for the Magnet Designation Grant Program in 2008 and both were awarded the full $250,000.

Magnet Designation Grant Awardees
Cheyenne Regional Medical Center – Cheyenne
Wyoming Medical Center – Casper

Four small hospitals were awarded $50,000 each through the Small Hospital Improvement Grant Program in 2008.

Small Hospital Improvement Grant Awardees
Campbell County Memorial Hospital-Gillette
North Big Horn Hospital District-Lovell
Powell Valley Health Care-Powell
Sheridan Memorial Hospital-Sheridan

The legislation also allowed for $100,000 for technical assistance to the Magnet Designation Grant awardees. Technical assistance will be provided through the American Nurses Credentialing Center and affiliated expert Magnet consultants beginning in calendar year 2009.

Federally Funded Programs

The Wyoming Office of Rural Health is the recipient and oversight agency for four federal grants. These grants support the healthcare infrastructure in Wyoming's rural areas, and support small hospitals in performance improvement, quality improvement, and adoption of health information technology. These grants are funded through Health Resources and Services Administration, U.S. Department of Health and Human Services.

Medicare Rural Hospital Flexibility Grant Program (Flex)

The Flex Program has been under the Office of Rural Health since the grant program's inception in 1999. The purpose of the Flex grant is to support Critical Access Hospitals (CAHs) and to integrate emergency medical services with Flex priorities. Fourteen of Wyoming's 26 hospitals are CAHs, and one of the two remaining eligible hospitals is in the process of converting to CAH status. Benefits to small hospitals in converting to CAH status include:

- Exemption from the Prospective Payment System (PPS);
- Receipt of cost-based reimbursement for services based on 101 percent of the CAH's reasonable costs;
- Ability to claim capital improvement and equipment costs in the Medicare cost report;
- Eligibility for CAH specific grants and network participation; and
- Flexibility with staffing and hospital programs.

The Flex grant runs on a September – August fiscal year. Flex projects accomplished during calendar year 2008 were:

Flex Evaluation

ORH contracted with Rural Health Solutions to conduct an evaluation of the Flex program in Wyoming. This project was a requirement of the 2007 – 2008 Flex Grant.
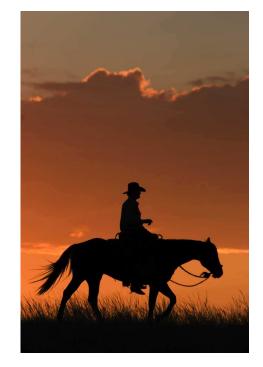
Recommendations from the evaluation are:

- Continue to educate key program stakeholders about the Flex Program and its intended goals;
- Continue the Flex Program planning process;
- Establish a formal Flex Program communications plan;
- Further the Use of Information Technology;
- Investigate and respond to key CAH issues; and
- Monitor and evaluate Flex program outcomes within the context of program planning and implementation with predetermined goals and outcome measures.

These results will guide the 2009 – 2010 grant application.

State Rural Health Plan

Another requisite of the 2007 – 2008 Flex Grant required states to develop a State Rural Health Plan. The ORH contracted with the University of Nebraska School of Medicine to lead the effort. Two planning sessions occurred that included representatives from eight CAHs, two large regional medical centers, and Wyoming Department of Health staff from the ORH, Emergency Medical Services Program, and Healthcare Licensing and Surveys unit. The State Rural Health Plan identified these goals:

- Assure the continued favorable financial status of CAHs in Wyoming;
- Improve the overall performance of CAH, measured by indicators in finance, quality (including patient/customer satisfaction), and organizational culture;
- Develop an emergency medical services (EMS) system that meets local needs and is integrated with the acute care system; and
- Create a fiscal reality for CAHs that includes meeting community needs beyond what transpires within the CAH.

Results of the State Rural Health Plan will also be used in determining priorities and direction for the 2009 – 2010 Flex Grant.

Healthcare Quality in Rural America

Six of Wyoming's 15 CAHs and the one hospital that is in the process of converting to CAH status are participating in this multi-state quality and performance improvement project along with CAHs in Alaska, Arizona, Kansas, New Mexico, Oklahoma, and Virginia. The purpose of the collaborative (which also involves the Wyoming Hospital Association and Mountain-Pacific Health Quality Foundation) is to help small, rural hospitals ensure their quality and performance improvement systems can meet the demands of today's dynamic healthcare marketplace.

Nurse Leadership Training

The ORH contracted with the Wyoming Hospital Association to provide classes via a distance learning platform for up to forty-one (41) individuals in Wyoming Critical Access Hospitals statewide. The platform included all books delivered to each location, two different training dates for each of the nine modules, and all instruction. The Wyoming Hospitals Distance Communication System served as the distance learning platform. Classes were aimed toward nurses in Wyoming Critical Access Hospitals that are new to leadership roles.

Small Rural Hospital Improvement Program (SHIP)

Eighteen of Wyoming's acute care hospitals qualify for this federal grant program, which is funded through HRSA. The program provides funding to small rural hospitals to help them do any or all of the following: (1) assist with costs related to the implementation of Medicare's Prospective Payment System (PPS); (2) HIPAA compliance measures; and (3) reduce medical errors and support quality improvement efforts (this can vary). In order to be eligible for this program the hospital must: (1) have 49 available beds or less; (2) be located outside a Metropolitan Statistical Area (MSA); and (3) be defined as a non-Federal, short-term, general acute care facility. In addition, all designated Critical Access Hospitals (CAHs) are eligible, as well as hospitals with fewer than 50 beds located in an area designated by any State law or regulation as a rural area or as a rural hospital.

State Office of Rural Health (SORH) Grant

Also funded through HRSA, the State Office of Rural Health (SORH) grant provides funding to assist states with strengthening rural healthcare delivery systems within the state. SORH activities include:

- Establishing and maintaining within the State a clearinghouse for collecting and disseminating information on rural health care issues; research findings relating to rural health care; and innovative approaches to the delivery of health care in rural areas;
- Coordinating the activities carried out in the State that relate to rural health care, including providing coordination for the purpose of avoiding duplication in such activities;
- Identifying Federal, State, and nongovernmental programs regarding rural health, and providing technical assistance to public and nonprofit private entities regarding participation in such programs;
- Encouraging, but not directly funding, the recruitment and retention of health professionals in rural areas; and
- Participating in strengthening State, local and Federal partnerships in rural health.

Primary Care Office (PCO)

The PCO works with HRSA's Bureau of Health Professions, Office of Workforce Evaluation and Quality Assurance, Shortage Designation Branch to coordinate federal programs with eligible programs in Wyoming. The PCO works to foster collaboration, provide technical assistance, assess needs, develop workforce for National Health Service Corps (NHSC) and safety net programs, coordinate Healthcare Provider Shortage Area (HPSA) designation requests and oversight. This includes J-1 Visa Waiver Conrad 30 program and similar programs, and the NHSC programs for provider recruitment and placement (scholars and loan repayment).

There were six J-1 Visa Waiver Conrad 30 program waiver requests approved for Wyoming in 2008. Two were designated requests (primary care physician in a HPSA), and four were non-designated requests (either a non-primary care physician or a non-HPSA, or both).

Due to a change in HRSA governing documents, Wyoming is unable to obtain the number of NHSC program participants.

Following is a listing of the HPSA designations submitted and/or designated in 2008:

List of HPSAs That Were Submitted and/or Designated in 2008

Kind of HPSA	Location	Type	Date Submitted	Date Designated
Primary Care	Southern Campbell County	Geographic	Sep 07	Feb 08
Primary Care	Kaycee	Geographic	Oct 07	Feb 08
Primary Care	Eastern Uinta County	Geographic	Nov 08	Pending
Primary Care	Dubois CCD	Geographic	Apr 08	Aug 08
Primary Care	Sweetwater County	Geographic	Dec 08	Pending
Mental Health	Converse County	Geographic	Nov 07	May 08
Mental Health	Natrona County	Geographic	Nov 07	May 08
Mental Health	Niobrara County	Geographic	Nov 07	May 08
Dental Health	Albany County	Low-income	Dec 07	Mar 08
Dental Health	Carbon County	Low-income	Dec 07	Mar 08
Dental Health	Converse County	Low-income	Dec 07	Mar 08
Dental Health	Fremont County	Low-income	Dec 07	Mar 08
Dental Health	Goshen County	Low-income	Dec 07	Mar 08
Dental Health	Lincoln County	Low-income	Sep 08	Pending
Dental Health	Niobrara County	Low-income	Dec 07	Mar 08
Dental Health	Park County	Low-income	Dec 07	Mar 08
Dental Health	Platte County	Low-income	Dec 07	Mar 08
Dental Health	Sheridan County	Low-income	Dec 07	Mar 08
Dental Health	Weston County	Low-income	Dec 07	Mar 08

Special Projects

Governor's Designation Impact Analysis

The Governor indicated that he would consider lowering the population to primary care provider ratio for the purpose of establishing Rural Health Clinics, and requested the Office of Rural Health (ORH) to examine the impact of making the change.

Subsequently, ORH initiated an assessment to examine the impact of changing the ratio to 2,000 to 1 or 1,500 to 1. The assessment attempted to answer the following questions:

(1) How many additional counties/areas would become eligible for the Rural Health Clinics Program if the ratio were changed?
(2) How many medical facilities in these counties/areas would actually want to become an RHC?
(3) What would be the likely impact on Medicaid costs? and
(4) What would be the likely impact on access to care?

A 31 page report was completed and delivered to the Governor in November 2008 which resulted in a Governor's Designation request to HRSA; decision is pending [note: request was approved by HRSA in March 2009].

New HPSA Proposed Rules

In February 2008, HRSA announced a proposed rule change for HPSA designation. The Office of Rural Health teamed with the Wyoming Primary Care Association, developed six formal comments, and submitted them to HRSA. Generally, Wyoming was in agreement with the proposed rules due to the negative impact being centered in urban areas and Wyoming remaining relatively unchanged. As a result of the 700 comments submitted by every state, the proposed rule change was delayed until all comments were closely evaluated.

Health Professions Tracking Database

The Office of Rural Health uses the Wyoming Healthcare Commission's Healthcare Professional Tracking Database in the execution of the Wyoming Healthcare Professional Loan Repayment Program and the Physician Recruitment Grant Program. The database is instrumental in determining greatest need areas for physicians.

Health Resources and Services Administration (HRSA) Grantwriting Workshop

Wyoming is one of seven states that HRSA contacted requesting the state host a HRSA funded grantwriting workshop to encourage grant applications from community organizations. These seven states have historically had few or no applications for HRSA community grant programs.

Thirty people attended the July 10, 2008, workshop in Riverton. Attendees represented hospitals, state agencies, public health nursing, foundations, child development centers, mental health agencies, and Senator Enzi's office.

As a result of the workshop, six Wyoming community agencies submitted applications for the Rural Health Outreach Services Grant. These grants are demonstration projects to test out good ideas to improve access to healthcare services in rural communities. Awards will be announced Spring 2009.

Partner Agencies

The ORH depends on a wealth of primary internal and external partners for the development, implementation, and evaluation of its programs. Below is a list of Wyoming agencies that the ORH collaborates with on a regular basis:

- Wyoming Medical Society; (307) 635-2424; www.wyomed.org
- Wyoming Hospital Association; (307) 632-9344; www.wyohospitals.com
- Wyoming Critical Access Hospital Network; (307) 632-9345; www.wcahn.org
- Wyoming Health Resources Network; (307) 635-2930; www.whrn.org
- Wyoming Healthcare Commission; (307) 235-3221; www.wyominghealthcarecommission.org
- Wyoming Primary Care Association; (307) 632-5743; www.wypca.org
- University of Wyoming Survey and Analysis Center; (307) 766-2189; www.uwyo.edu/wysac
- Mountain-Pacific Quality Health (Wyoming's QIO); (307) 436-8733; www.mpqhf.org

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Rick Carpenter page 10
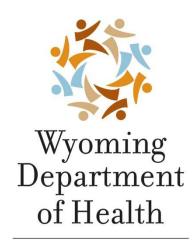Mark Gocke page 1
Fred Pflughoft pages 6, 9
Riccardo Seragnoli page 4
Steve G. Smith pages 2, 5, and 7
Wyoming Tourism and Travel cover, page 3

Wyoming
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